

3. Other information concerning the dissolution (optional):

Name and address to return acknowledgement copy of this form to:
3689 w chinden blvd garden city ID 83714

(Name) (Address)	
5. Signature of a manager, member, or authorized person.	Secretary of State use only
Printed Name: Thomas Semancin	IDAHO SECRETARY OF STATE 04/14/2017 05:00
Signature:	CK:13207796 CT:172099 BH:1579260 10 D.00 = 0.00 DISS LLC #3
Printed Name:	W121375
Signature:	
Rev 08/2015	